



Best Available Copy

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

| | |
|--------------|-------------|
| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 8 | | | |
| TOTAL DEP. | 17 | 17 | 17 | 17 |
| TOTAL CLAIMS | 25 | | | |

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| TOTAL IND. | | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |